

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **Sound Level Variance Application**

**City of Saint Paul Noise Ordinance (Chapter 293)** 

<u>Note:</u> A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: John W. Lavson, Team Ortho Foundation
2. Mailing Address w/zip code: 2906 N. 2nd St., Minneapolis, MN 55411
3. Responsible person: John W. Lavson Title: Executive & Racel Event Director
4. Event Name: Manster Dash
5. Telephone: (612)968-3224 E-Mail: teamortho@amail.com
6. Date(s) during which the variance is requested: 10/3/1/2015
7. Noise source - Time(s) of operation: Weal: B:00am-9:00am area 2: 7:30am - 8:30am
- Time(s) of pre-event sound check: <u>Qual 7:45am</u> Qua 2: 7:15am
8. Address or legal description of Noise source: See attached Dragam
area! Summet are- 400 ft East of Vina to Selby area? Summet are-Selby to Keller
9. Sound level requested: BU decibels at 50 but (Outhedrae Hele Pa
10. Describe the noise source and all equipment involved: Weal: Speakers (alled)
area 2: Mobile Stage DT. speakers.
11. Describe the steps that will be taken to minimize the noise levels: Wal - Speakers dainy changed
towards no a d-minimal impact to residents.
area 2: Speakers facing St. Paul College + portable tollets to block sound
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.)
Pri ruce costume contest, race announcements & public safety
notification
13. Attach site diagram showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified
sound, indicate location and direction that all speakers will be facing.) Multiple locations may require more than one application.
14. Return completed Application, Site Diagram, and \$164.00 fee to: CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
Signature of responsible person: Date: 9-10-15